

North Carolina
REGISTERED FORESTER
ANNUAL RENEWAL FEE NOTICE & FORM

Your current registration expires on June 30 this year and will become invalid unless you submit the renewal fee of **\$40.00 (forty dollars)**. Please renew your registration by doing the following:

1. Fill in the appropriate blanks on the renewal form to provide correct information for the *Roster of Registered Foresters*.
2. Check the mailing information, make corrections if needed and return it with the renewal form. You should notify the Secretary any time your address changes. Failure to do so may prevent receipt of information affecting your RF status.
3. Please enter any personal information you wish to communicate on the back of this form or on a separate sheet.
4. Please check the employment category(s) which best describe your activity and any other valid certifications, registrations and/or memberships.
5. Please include your **CFE Activity Record** with this form. **This Activity Record must be included for your application to be valid.**

SPECIAL NOTE: If you purport to be a *Consulting Forester/Forestry Consultant* practicing in North Carolina, you must meet the qualifications as defined in N.C. General Statute 89B-, 89B-2 and you must provide annually with your Registration Renewal the required affidavit attesting to such qualification. An affidavit form will be sent to you upon request if needed. Currently registered CFs should receive the proper form with this renewal request.

N. C. REGISTERED FORESTER ANNUAL RENEWAL FORM

Return the completed renewal form with your check in the amount of **\$40.00 (forty dollars)** payable to the **State Board of Registration for Foresters, P.O. Box 27393, Raleigh, N.C., 27611 (E-mail: info@ncbrf.org)**. Regulations assess a late fee penalty of \$3.25 per calendar month from the date of expiration. The Board, at its discretion, may require late renewals to re-register in the same manner as new applicants.

RF # _____ (Please check, highlight, or otherwise denote any changes from information you provided last year)

Name: _____
(Print Last Name First)

Home _____
(Address) _____ Phone # _____

Employer: _____ Position: _____

Business _____
(Address) _____ Phone # _____

Send Mail to: () Home () Business E-Mail Address: _____

Employment Categories:

- | General : | Specific: | | | |
|----------------------------|------------------|-----------------|--------------------|-----------|
| () Public Agency | () Federal | () State | () Local | () _____ |
| () Educator | () University | () Technical | () Preparatory | () _____ |
| () Industry | () Management | () Procurement | () Administrative | () _____ |
| () Private | () Consultant | () Full Time | () Part Time | () _____ |
| () Retired | () Real Estate | () Bank/Trust | () Investment | () _____ |
| () Other (describe) _____ | | | | |

Professional Certifications, Registrations

- () RF Registered Forester/Licensed Forester (List States) >> _____
() CF Consulting Forester/Forestry Consultant (As defined by NC Statute / Affidavit)
() SAF Society of American Foresters
() ACF Association of Consulting Foresters
() Other _____

FOR OFFICE USE ONLY:

Date Paid _____
Deposit # _____

Additional Comments: